Case: 1:18-cv-01795 Document #: 12 Filed: 05/17/18 Page 1 of 7 PageID #:64



EASTERN DIVISION

RECEIVED

Valen Hibbler	MAY 0 1 20187
	THOMAS G. BRUTC CLERK, U.S. DISTRICT CO
(Enter above the full name of the plaintiff or plaintiffs in this action)	
vs.	Case No: 1: 18-CV-01795 (To be supplied by the Clerk of this Court)
Divalency matters	(To be supplied by the <u>Clerk of this Court</u>)
Divalsmy Matters Divalsmy Brown	
Thomas J. Dart	
(Enter above the full name of ALL defendants in this action. Do not	
use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER T U.S. Code (state, county, or	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
COMPLAINT UNDER T 28 SECTION 1331 U.S. O	HE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if kr	iown)
BEFORE FILLING OUT THIS COMPI	LAINT, PLEASE REFER TO "INSTRUCTIONS FOR

FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

[.	Plain	tiff(s):
	Α.	Name: Jalen Hibbler
*	В.	List all aliases:
. :	C.	Prisoner identification number: 20161112051
e.	D.	Place of present confinement: COOK Canty Jail
	Е.	Address: P.O.BOX 089002, Chicago, IL, 20608
	numb	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a ate sheet of paper.)
I.	(In A position	below, place the full name of the first defendant in the first blank, his or her official on in the second blank, and his or her place of employment in the third blank. Space o additional defendants is provided in B and C .)
	Α.	Defendant: Divg Smv) Mattews
	ė.	Title: Deputy Sheriff
		Place of Employment: COOK COUNTY Jail
*	B.	Defendant: DV91SMV) BROWn
		Title: Deputy Sheriff
		Place of Employment: COOK County Jail
	C.	Defendant: Thomas J. Dart
	*	Title: Deputy Director
		Place of Employment: COX CONHY
		have more than three defendants, then all additional defendants must be listed ing to the above format on a separate sheet of paper.)

Name of case and docket number:	
Approximate date of filing lawsuit:	
List all plaintiffs (if you had co-plaintiffs), including any aliases:	
XX.11.0.11.4.	
List all defendants:	
Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):	
Name of judge to whom case was assigned:	
Basic claim made:	

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

0130
In in Pain everyday in I also hecieving
medecine Chain meds) for my in July and cannot
do Certain things i was able to do befor
the incident My Mental Stability has been
bothered because am very nervous and scared
around a Crowd of people. I also have nightmans
about this incident I would like to ask that
to proper of disciplinary actions be done to
the officers involved in the aftercation and
Compensation for everything that happened to
pper thankyou

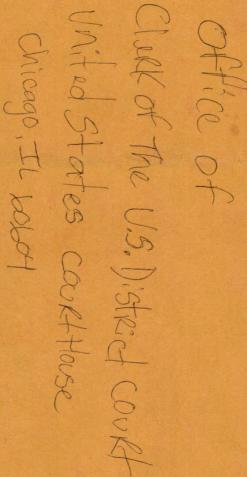
Y	Reliei:	
(a)	State briefly on cases or st	exactly what you want the court to do for you. Make no legal arguments. Cit atutes.
The But	de paron	THE COURT to award me compensatory
DE ho	molable	pure deems necessary.
VI.	The plaintiff of	lemands that the case be tried by a jury. YES NO
0		CERTIFICATION
		By signing this Complaint, I certify that the facts stated in this
	1	Complaint are true to the best of my knowledge, information and
		belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.
		Signed this $\frac{AP-1}{1}$ day of $\frac{5}{20}$, $\frac{20}{18}$
	1	gal Hilehah
	100	(Signature of plaintiff or plaintiffs)
	e u	Jalen Hibbler
		(Print name)
		2016/1/2051
	w: 4	(I.D. Number)
e e	,	P. O. B. ox 089002, chiqqo, IL, Labor
٠.	,	7224 a Vota RIVA Fota
		(Address)



P.D. Box 089002 Chilago, Ichaello

Jahr Hibbler ADOIGIDOSA

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